



ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF INTENT (NOI)

FOR

GENERAL PERMIT TO DISCHARGE STORM WATER
ASSOCIATED WITH INDUSTRIAL ACTIVITY
(EXCLUDING CONSTRUCTION ACTIVITY)

Ref. 41

RECEIVED

FEB 25 1998

Bureau of Water

OWNER/OPERATOR INFORMATION

NAME: LAST FIRST MI. (SEE INSTRUCTIONS)	OWNER TYPE: (SELECT ONE AND TYPE "X")		
Beelman Ready Mix	<input checked="" type="checkbox"/> PRIVATE	<input type="checkbox"/> COUNTY	<input type="checkbox"/> STATE
MAILING ADDRESS: P.O. Box 305	<input type="checkbox"/> CITY	<input type="checkbox"/> SPECIAL DISTRICT	
CITY: St. Libory ST: IL ZIP: 62282	<input type="checkbox"/> FEDERAL		
CONTACT PERSON: Shelly Beelman	TELEPHONE NUMBER:	AREA CODE	NUMBER
		618-768-4411	

FACILITY/SITE INFORMATION

SELECT ONE AND TYPE "X"	<input checked="" type="checkbox"/> EXISTING FACILITY	<input type="checkbox"/> NEW FACILITY	<input type="checkbox"/> CHANGE OF INFORMATION	GENERAL NPDES PERMIT NO.: ILR10101
FACILITY NAME: Beelman Ready Mix - Sandoval	OTHER NPDES PERMIT NUMBERS: (IF APPLICABLE) N/A			
MAILING ADDRESS: 100 Old Cemetery Road	TELEPHONE NUMBER:	AREA CODE	NUMBER	
		618-247-3866		
CITY: Sandoval ST: IL ZIP: 62282	LATITUDE: (NEAREST 15 SECONDS)	DEG. MIN. SEC.	LONGITUDE: (NEAREST 15 SECONDS)	DEG. MIN. SEC.
	38	36 20	89	06 51
COUNTY: Marion	SECTION: 17	TOWNSHIP: 2 N	RANGE: 1 E	
SIC OR DESIGNATED ACTIVITY CODE(S): 3273	PRIMARY	2ND	3RD	4TH

RECEIVING WATER INFORMATION

DOES YOUR STORM WATER DISCHARGE DIRECTLY TO: (SELECT ONE AND TYPE "X")	
<input checked="" type="checkbox"/> WATERS OF THE STATE	<input type="checkbox"/> STORM SEWER
OR	OWNER OF STORM SEWER SYSTEM:
NAME OF CLOSEST RECEIVING WATER (IF KNOWN): Prairie Creek	
DOES QUANTITATIVE DATA CURRENTLY EXIST WHICH DESCRIBES THE CONCENTRATION OF POLLUTANTS IN THE STORM WATER DISCHARGES?	
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

"I certify under penalty of law that this document and all attachments were prepared under my direction and supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment." In addition, I certify that the provisions of the permit, including the development and implementation of a Storm Water Pollution Prevention Plan and a Monitoring Program Plan, will be complied with. I also certify that, to the best of my knowledge, the storm water which is discharged from this facility/site does not contain process wastewater, domestic wastewater, or cooling water.

APPLICANT SIGNATURE: Frank J. Beelman, III TITLE: Owner DATE: 2/21/98

Frank "Sam" J. Beelman, III

MAIL COMPLETED FORM TO:
(DO NOT SUBMIT ADDITIONAL
DOCUMENTATION UNLESS
REQUESTED)

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF WATER POLLUTION CONTROL
ATTN: PERMIT SECTION
2200 CHURCHILL ROAD
POST OFFICE BOX 19276
SPRINGFIELD, IL 62794-9276

FOR OFFICE USE ONLY

LOG

PERMIT: ILR005671

DATE: 02-25-98

This Agency is authorized to require this information under Illinois Revised Statutes, 1991, Chapter 111 1/2, Section 1039. Disclosure of this information is required under that Section. Failure to do so may prevent this form from being processed and could result in your application being denied. This form has been approved by the Forms Management Center.

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION <i>Consolidated Permits Program</i> (Read the "General Instructions" before starting.)		I. EPA NUMBER F I L O O	
LABEL ITEMS I. EPA I.D. NUMBER III. FACILITY NAME V. FACILITY MAILING ADDRESS VI. FACILITY LOCATION		<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> RECEIVED PLEASE PLACE LABEL IN THIS SPACE FEB 25 1998 Environmental Protection Agency WPC-Permit Log In </div>		GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
II. POLLUTANT CHARACTERISTICS INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.					
SPECIFIC QUESTIONS		MARK 'X' YES NO FORM ATTACHED		SPECIFIC QUESTIONS	
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	
III. NAME OF FACILITY 1 BEELMAN READY MIX - SANDOVAL					
IV. FACILITY CONTACT A. NAME & TITLE (last, first, & title) B. PHONE (area code & no.) 2 BEELMAN SHELLEY 618 768 4411					
V. FACILITY MAILING ADDRESS A. STREET OR P.O. BOX 3 P.O. BOX 305 B. CITY OR TOWN 4 ST. LIBORY C. STATE IL D. ZIP CODE 62282					
VI. FACILITY LOCATION A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER 5 100 OLD CEMETERY ROAD B. COUNTY NAME 6 MARION C. CITY OR TOWN 7 SANDOVAL D. STATE IL E. ZIP CODE 62882 F. COUNTY CODE (if known)					

Continued from the Front

IV. Narrative Description of Pollutant Sources

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
001	2.5 AC	5.7 AC			

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas; and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

Rock, sand, and lime storage piles are located on-site. No treatment methods for storm water are in place.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table 2F-1
	N/A	

V. Nonstormwater Discharges

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of nonstormwater discharges, and that all nonstormwater discharges from these outfall(s) are identified in either an accompanying Form 2C or Form 2E application for the outfall.

Name and Official Title (type or print)	Signature	Date Signed
N/A		

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

N/A

VI. Significant Leaks or Spills

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

N/A

Continued from Page 2

VII. Discharge Information

A, B, C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided.

Tables VI-A, VI-B, and VI-C are included on separate sheets numbered VII-1 and VII-2.

E: Potential discharges not covered by analysis - is any toxic pollutant listed in table 2F-2, 2F-3 or 2F-4, a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☐ Yes (list all such pollutants below)☒ No (go to Section IX)**VIII. Biological Toxicity Testing Data**

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ Yes (list all such pollutants below)☐ No (go to Section IX)**IX. Contract Analysis Information**

Were any of the analysis reported in item VII performed by a contract laboratory or consulting firm?

☐ Yes (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)☒ No (go to Section X)

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed


X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title (type or print)	B. Area Code and Phone No.
Frank "Sam" J. Beelman, III, Owner	618-452-8187
C. Signature	D. Date Signed
<i>Frank Beelman III</i>	2/21/98

VII. Discharge Information (Continued from page 3 of Form 2F)

Part A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 20 Minutes	Flow-weighted Composite	Grab Sample Taken During First 20 Minutes	Flow-weighted Composite		
Oil and Grease		N/A				
Biological Oxygen Demand (BOD5)		Representative samples taken at				
Chemical Oxygen Demand (COD)		Nashville and Mt. Vernon facilities.				
Total Suspended Solids (TSS)		See attached laboratory analysis				
Total Nitrogen		results.				
Total Phosphorus						
pH	Minimum	Maximum	Minimum	Maximum		

Part B - List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

[illegible]

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~~FEB 25 1998~~

Environmental Protection Agency
WPC Permit Log In

Continued from the Front

Part C - List each pollutant shown in Tables 2F-2, 2F-3, and 2F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

[illegible]

Part D - Provide data for the storm event(s) which resulted in the maximum values for the flow weighted composite sample.

Part D - Provide data for the storm event(s) which resulted in the maximum values for the following:					
1. Date of Storm Event	2. Duration of Storm Event (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event (gallons/minute or specify units)	6. Total flow from rain event (gallons or specify units)
2/11/98	60 min.	0.5 inches±	±1.5 months	unknown	unknown

7. Provide a description of the method of flow measurement or estimate.

N/A

UNITED STATES
DEPARTMENT OF THE INTERIOR
89³ GEOLOGICAL SURVEY

DEPARTMENT
CENTRALIA EAST QUAD.
7.5 MINUTE SERIES

7'30" PATOKA 9 MI.
FAIRMAN 3.8 MI.

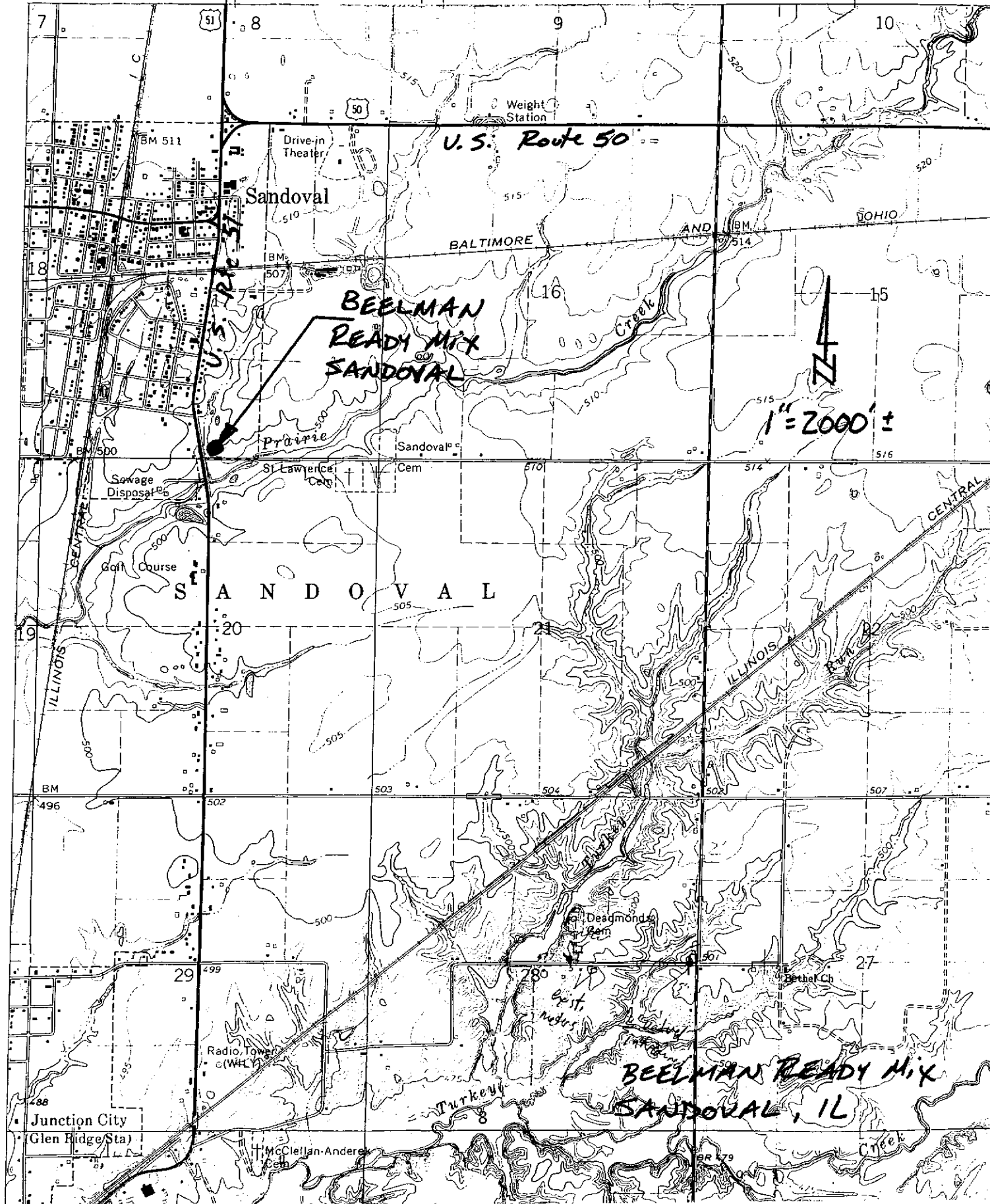
316000m.E.

317

318

5'

319



ENVIRONMENTAL TESTING LABORATORY

TEL: 618-344-1004

FAX: 618-344-1005

Report #24003-1

Mr. Gary Mueller
Curry Engineers & Associates
P.O. Box 246
243 East Elm
Nashville, IL 62263Project: Water Quality Testing
Beelman Ready Mix

Sample Received: 02-11-98

Sample ID: Nashville
Sample Date: 02-11-98Lab ID: 980211-449
Report Date: 02-17-98

ANALYSIS RESULTS

<u>METHOD</u>	<u>PARAMETER</u>	<u>RESULT</u>	<u>UNIT</u>	<u>DATE OF ANALYSIS</u>
351.4	T. Kjeldahl Nitrogen	0.87	mg/l	02-16-98KB
413.1	Oil & Grease	2	mg/l	02-13-98JH
405.1	BOD (5 day)	<5	mg/l	02-11-98SM
410.4	COD	<20	mg/l	02-16-98CF
365.2	Phosphorus	0.070	mg/l	02-17-98RD
160.2	T. Suspended Solids	11	mg/l	02-13-98RD
150.1	pH	9.40	SU	02-11-98KR

These tests were conducted in accordance with "Methods for Chemical Analysis of Water and Wastes", EPA-600/4-79-020 (Revised March 1983).

TEKLAB, INC.

Michael L. Austin
Director of Operations

Report #24003-2

Mr. Gary Mueller
Curry Engineers & Associates
P.O. Box 246
243 East Elm
Nashville, IL 62263Project: Water Quality Testing
Beelman Ready Mix

Sample Received: 02-11-98

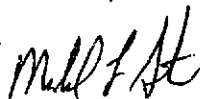
Sample ID: Mt. Veron
Sample Date: 02-11-98Lab ID: 980211-450
Report Date: 02-17-98

ANALYSIS RESULTS

<u>METHOD</u>	<u>PARAMETER</u>	<u>RESULT</u>	<u>UNIT</u>	<u>DATE OF ANALYSIS</u>
351.4	T. Kjeldahl Nitrogen	0.53	mg/l	02-16-98KB
413.1	Oil & Grease	1	mg/l	02-13-98JH
405.1	BOD (5 day)	<5	mg/l	02-11-98SM
410.4	COD	<20	mg/l	02-16-98CF
365.2	Phosphorus	0.083	mg/l	02-17-98RD
160.2	T. Suspended Solids	28	mg/l	02-13-98RD
150.1	pH	8.70	SU	02-11-98KR

These tests were conducted in accordance with "Methods for Chemical Analysis of Water and Wastes", EPA-600/4-79-020 (Revised March 1983).,

TEKLAB, INC.

Michael L. Austin
Director of Operations